DESI AVAILADLE COFT

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09764475												.5	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			40.				ſ	RATE	FEE	7	RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			50 minus 20=		· 30			X\$ 9=		OR	X\$18=	540	
INDEPENDENT CLAIMS			8 minus 3 =		5			X40=		OR	X80=	400	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	700		
• If (he difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	1650	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL I		
ENT A	, i	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total .	. []	Minus	<u>.</u> ح	50	=		X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MI	Minus	PENDENT	CLAIM	- -		X40=		OR	X80=		
								+135=	/	OR	+270=	/ · ·	
Pa/9/05				٠.			A	TOTA DDIT. FE		OR	TOTAL ADDIT, FEE		
	/("	(Column 1)		(Colun		(Column 3)							
ENT B		CLAIMS REMAINING AFTER AMENDMENT	6 \$1	HIGH NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Z F	Total	• //	Minus	• 5	0	= /		X\$ 9=	j	OR	X\$18=	,	
AMI	Independent IRST PRESE	NTATION OF MU	Minus LTIPLE DEF	ENDENT	CLAIM	• (X40=		OR	X80=		
	· - ·						Ĺ	+135=	(OR	+2,70=		
	•		•				A	TOTAL DDIT. FEL		OR ,	TOTAL LODIT, FEE		
		(Column 1)		(Colum		(Column 3)	ı					I	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	JÉR USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	[otal	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	ndependent	•	Minus	***		2	F	X40≃		_	X80=		
7	RIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 -		1	OR			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the Professor Alumbar Professor In Talls SPACE to less than 3.													
***11	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												